93007

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

| •                                                                        |                                                | CLAIMS                                    | AS FILED                   |                                    |                                                   |                                       |           | SMALL EN                                | TITY                   | OR        | OTHER<br>SMALL      |                        |
|--------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------|----------------------------|------------------------------------|---------------------------------------------------|---------------------------------------|-----------|-----------------------------------------|------------------------|-----------|---------------------|------------------------|
| 11.5                                                                     | NATIONAL                                       | STAGE FEES                                |                            | nл 1).                             | <u>,</u>                                          | (Column 2)                            | ]         |                                         |                        | יי.<br>ק  |                     | 1                      |
|                                                                          | •                                              | . OTAGE FEES                              |                            | <del>.</del>                       |                                                   |                                       |           | RATE                                    | FEE                    | <b>.</b>  | RATE                | FEE                    |
| BAS                                                                      | SIC FEE                                        | <del></del>                               |                            | SMALL ENT. = \$ 150                |                                                   | LARGE ENT. = \$ 300                   |           | BASIC FEE                               |                        | .OR       | BASIC FEE           | 3/0                    |
| EXAMINATION FEE                                                          |                                                |                                           |                            | 50 / \$ 100                        |                                                   |                                       | EXAM. FEE | ·                                       |                        | EXAM. FEE | 200                 |                        |
| SEARCH FEE                                                               |                                                |                                           | U.S. is ISA = ALL other co | ountries =                         | ALL                                               | other situations =<br>\$ 250 / \$ 500 |           | SEARCH FEE                              |                        |           | SEARCH FEE          | 4112                   |
| FEE FOR EXTRA SPEC. PGS.                                                 |                                                |                                           | 29 mir                     | nus 100 =                          |                                                   | /50 =                                 |           | X \$ 125 =                              |                        |           | X \$ 250 =          | /                      |
| TOTAL CHARGEABLE CLAIMS                                                  |                                                |                                           | 25 m                       | 5 minus 20 = * 5                   |                                                   |                                       |           | X \$ 25 =                               |                        | OR        | X \$ 50 =           | 25                     |
| INDI                                                                     | EPENDENT C                                     | LAIMS                                     | y r                        | ninus 3 =                          | * 4                                               | 2                                     |           | X \$ 100 =                              | ·                      | OR        | X \$ 200 =          | 1/100                  |
| MUL                                                                      | TIPLE DEPEN                                    | IDENT CLAIM PF                            | RESENT                     |                                    |                                                   |                                       |           | + \$ 180 =                              |                        | OR        | + \$ 360 =          | 361                    |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |                                                |                                           |                            |                                    |                                                   |                                       |           | TOTAL                                   |                        | OR        | TOTAL               | 251                    |
| A T A                                                                    |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                            | HIGHI<br>NUME<br>PREVIO<br>PAID I  | BER<br>OUSLY                                      | PRESENT<br>EXTRA                      |           | RATE                                    | ADDI-<br>TIONAL<br>FEE |           | RATE                | TIONAL                 |
| AMENDMENT A                                                              |                                                | REMAINING                                 |                            | . NUME                             | BER                                               |                                       |           | RATE                                    |                        |           | RATE                | ADDI-<br>TIONAL        |
|                                                                          | Total                                          | *                                         | Minus                      | **                                 | FOR                                               |                                       | -         | - · · · · · · · · · · · · · · · · · · · | ree                    |           |                     | FEE                    |
|                                                                          |                                                | *                                         |                            |                                    |                                                   |                                       | _         | X \$ 25 =                               |                        | OR        | X \$ 50 =           |                        |
|                                                                          | Independent                                    |                                           | Minus                      | ***                                |                                                   | =                                     |           | X \$ 100 =                              |                        | OR        | X \$ 200 =          |                        |
|                                                                          | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |                            |                                    |                                                   |                                       |           | + \$ 180 =                              |                        | ÖR        | + \$ 360 =          |                        |
|                                                                          |                                                |                                           | : .                        | ,                                  |                                                   |                                       |           | OTAL ADDIT.<br>FEE                      |                        | OR        | TOTAL ADDIT.<br>FEE |                        |
|                                                                          |                                                | (Column 1)                                |                            | (Colum                             | n 2)                                              | (Column 3)                            |           |                                         |                        |           |                     |                        |
|                                                                          |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                            | HIGHE<br>NUMB<br>PREVIOU<br>PAID F | ER<br>USLY                                        | PRESENT<br>EXTRA                      |           | RATE                                    | ADDI-<br>TIONAL<br>FEE |           | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                          | Total                                          | *                                         | Minus                      | **                                 |                                                   | =                                     |           | X \$ 25 =                               |                        | OR        | X \$ 50 =           |                        |
|                                                                          | independent                                    | *                                         | Minus                      | ***                                |                                                   | _                                     |           | X \$ 100 =                              |                        | OR        | X \$ 200 =          |                        |
|                                                                          | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |                            |                                    |                                                   |                                       |           | + \$ 180 =                              |                        | OR        | + \$ 360 =          |                        |
|                                                                          |                                                |                                           |                            |                                    | <del>, , , , , , , , , , , , , , , , , , , </del> |                                       | Ī         | OTAL ADDIT.<br>FEE                      |                        | OR        | TOTAL ADDIT.<br>FEE |                        |
|                                                                          |                                                |                                           |                            |                                    |                                                   |                                       |           |                                         |                        |           |                     |                        |

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1: